

U.S. Department of Justice
 United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF THE UNITED STATES OF AMERICA		COURT CASE NUMBER 1:00-cv-1105	
DEFENDANT TAMMY R. SMITH		TYPE OF PROCESS MOTION AND ORDER AND INTERR	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN TAMMY R. SMITH		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 519 2ND STREET, TOWANDA, PA 18848		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	3
KAREN M. MUSLOSKI, PARALEGAL SPECIALIST SUITE 311 FEDERAL BUILDING SCRANTON, PA 18501 570-348-2814		Number of parties to be served in this case	1
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

PERSONAL SERVICE OF ORDER AND MOTION
 INSTRUCT TO COMPLETE FINANCIAL STATEMENT AND RETURN TO THE UNITED STATES ATTORNEY'S OFFICE WITH COPIES OF HER LAST TWO INCOME TAX RETURNS

Signature of Attorney other Originator requesting service on behalf of: <i>K. M. Musloski</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 570-348-2800	DATE 11/30/2007
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. 67	District to Serve No. 67	Signature of Authorized USMS Deputy or Clerk <i>al</i>	RECEIVED USMS MIDDLEBURY PA DEC 30 PM 3:35
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date 12/12/2007	Time 3:30 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
PER <i>M. S. P.</i> DEPUTY CLERK	Signature of U.S. Marshal or Deputy <i>Math Pen</i>	

Service Fee 135.00	Total Mileage Charges including endeavors 63.05	Forwarding Fee	Total Charges 198.05	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS: 1 USM (MP); 130 mi R/T; START: 1400 END: 1700
 (3HR - \$135.00) (\$63.05)

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED